2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001256

1. Entity Name
FLORIDA PLASTIPAC, INC.

Principal Place of Business
1945 LANE AVE S
#5
JACKSONVILLE, FL 32210

Mailing Address
PO BOX 7040
JACKSONVILLE, FL 32238

03202006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3562040
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, WANDA
1945 LANE AVE S
#5
JACKSONVILLE, FL 32210

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BARNAVON, YOAV M.D.
STREET ADDRESS	1150 NORTH 35TH AVE STE 550
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD
NAME	GARCIA, ONALIO JR., MD
STREET ADDRESS	7100 W. 20TH AVE, STE 110
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	DVP
NAME	JOHNSTON, DEAN J M.D.
STREET ADDRESS	4106 W. LAKE MARY BLVD. SUITE 212
CITY-ST-ZIP	LAKE MARY, FL 327463344
TITLE	PD
NAME	LURIA, L. WILLIAM MD
STREET ADDRESS	2727 W. M.L. KING JR. BLVD. #500
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	M
NAME	CALLAHAN, WANDA L
STREET ADDRESS	1945 LANE AVE., S. #5
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000480375
04/11/06-80011-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda L. Callahan 3/20/06 904-693-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #